

The Eyes of the VA

“all the news that eyes see fit to print...”



The official newsletter of the Association of Veterans Affairs Ophthalmologists

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Ivan J. Suñer, M.D., Editor

AVAO Achieves Moratorium on Optometric Surgery in the VA

As many of you have undoubtedly heard from American Academy of Ophthalmology communications, the issue of surgical privileges for optometrists has come to the frontlines in the VA. Fortunately, the AVAO and AAO worked to obtain a temporary moratorium on optometric surgery in the VA.

The issue came to a head when an optometrist in a Kansas VA facility obtained privileges for laser surgery. The optometrist was licensed in Oklahoma, the only state allowing optometrists to perform laser surgery. The crux of optometry's argument was that there were not enough ophthalmologists in the VA system, and, therefore, too long a waiting time for laser procedures (see counterargument in related story in this issue). As a result, optometrists with an Oklahoma license were proposing to perform laser procedures, paving the way for optometric surgery across the VA, and, perhaps, nationally.

The VA credentialing process confers privileges to providers within the VA's national system as long as they hold an active license from any state, no matter where they practice. The issue of course, was whether optometric laser surgical privileges in Oklahoma, clearly not a national standard, translated throughout the VA system or just in Oklahoma.

When the American Academy of Ophthalmology and the Association of Veterans Affairs Ophthalmologists caught wind of the situation, they acted swiftly. An emergency AVAO Executive Board Meeting was called, and our Board members immediately emailed VA Undersecretary for Health Robert Roswell, MD. Furthermore, Mary Lawrence, MD, MPH flew to Washington, D.C., and, along with H. Dunbar Hoskins, MD, and

other AAO leaders, met directly with Dr. Roswell. Dr. Roswell declared a temporary moratorium on optometric surgical privileges.

This is by no means the end of the battle. Further meetings are scheduled between Dr. Roswell, and AVAO and AAO representatives to resolve the issue.

2003 AVAO Annual Meeting Highlights

We held the 2003 AVAO Meeting during the AAO Annual Meeting in Anaheim. The meeting was **presided by Jay Perlman, MD, PhD**.

The meeting was highlighted by the appearance of H. Dunbar Hoskins, MD and other AAO leaders to offer support and solidarity in the wake of increased lobbying by VA Optometry to obtain surgical privileges for optometry. The major topics discussed were:

1. **AAO partnership and support of the AVAO.** The AAO demonstrated the commitment to work with us on VA issues, to enhance our presence within the Academy, to help us build a new website to disseminate information and maintain open communication channels.
2. **The current Travatan contract was discussed.** The contract makes Travatan (travoprost) an incredibly cost-effective agent for glaucoma therapy in the VA. Only generic beta-blocker therapy is currently less expensive. All new prostaglandin starts are to use travoprost as the first choice. **Patients previously on other prostaglandins (Xalatan or Lumigan) are “grandfathered in”, and do not require a change.**
3. **The issue of subspecialty certification by the American Board of Ophthalmology and the American Board of Medical Specialties and fellowship accreditation**

by the ACGME was discussed. This issue has become a hot topic of debate and the current discussion pertains to Oculoplastics certification, specifically. This may have great impact across Ophthalmology and the VA system. Also it may impact privileging for surgical procedures within the VA.

4. **The proposed Physicians Pay Bill before Congress.** This initiative seeks to update physician salaries within the VA and bring them to more comparable levels with those of our colleagues in the academic and private practice settings. The current draft of the pay bill is composed of three parts: base pay based on GS level, locality pay which will bring the total pay in the average range of local salaries in that specialty and a performance based bonus if specific performance measures are accomplished. Passing the pay bill would greatly enhance morale, improve recruitment, and increase retention in the VA system.
5. **IOL Contract status.** There is currently an initiative to standardize IOL and surgical packs in order to obtain better pricing across the VA. IOL choices will include choices in material and lens type.
6. **With the Academy's support, establishment of a website for the AVAO.**
7. **Reorganization within the AVAO.** Establishment of various subcommittees, including membership, education, clinical care, communication, advocacy, and information technology, will allow the membership to provide their expertise, enthusiasm, and energy into enhancing these areas that impact us on a daily basis
8. **Current diabetic screening strategies.** Current strategies including digital imaging and telemedicine were discussed. As the VA reaches out to patients outside the larger medical centers via small Community Based Outpatient Clinics, this may become a more prevalent strategy to ensure screening at some level. This includes proposed VISN-level funding to

establish such programs (personnel and hardware).

The pulse of VA Ophthalmology: Recruitment, and waiting times for laser procedures and cataract surgery

Wanted: Hard-working ophthalmologist to work in VA Hospital.

Benefits:

- ✓ High patient volume
- ✓ High surgical volume
- ✓ Modern technology
- ✓ Noncompetitive salary

The AVAO recently asked the Ophthalmology VISN Consultants to determine ophthalmology positions that are currently being recruited or if they anticipate recruitment in the next 6 months. Provider salaries may be limiting the ability to recruit new Ophthalmologists, and the Consultants were asked if the current salary structure was thought to limit the ability to recruit new Ophthalmologists. In addition, the Consultants were asked to list surgical volume (laser and operative surgery), availability of laser technology along with waiting times for laser surgery and average Ophthalmologist salaries.

The following VA facilities are currently recruiting Ophthalmologists or anticipate recruitment in the next 6 months:

Togus
Seattle
Miami

Of the above sites, all programs stated the available salary scale was an impediment to recruitment. Those facilities that had recently hired an ophthalmologist also said salaries were an impediment to the hiring process.

Nationally, there are 1.1 million unique veterans seen annually by eye care providers resulting in 1.9 million visits annually (FY03). There were 29,700 cataract surgeries performed in

FY03. Most of these patients desire routine eye examinations, eyeglasses or screening for chronic disease (e.g. diabetes, glaucoma). It is critical the Physicians Pay bill be enacted into law in order for the VA to be able to recruit and retain Ophthalmologists. Only in this way can the highest quality and safety be provided to our veterans. You can become involved via the National Association of VA Physicians and Dentists (see their web site).

And now for the good news...

Laser Procedures

The mean wait-time for non-urgent ophthalmic laser surgery by facility as reported by the VISN consultants was 13 calendar days. No facilities reported a delay for urgent and emergent laser procedures. For YAG posterior capsulotomies, the wait-times ranged from 0 to 120 days, with 86% of facilities reporting wait-times of less than one month. Other anterior segment laser procedures, including peripheral iridotomies and laser trabeculoplasties, ranged from 0 to 42 days, with 86% reporting less than one month wait-time. The wait-times for posterior segment procedures, mostly photocoagulation for diabetic retinopathy, ranged from 0 to 90 days, with, again, 86% of facilities reporting wait-times of fewer than 30 days.

Elective Cataract Surgery

The mean wait-time for elective cataract surgery was 62 calendar days. 76% of facilities performed the surgical procedures within 2 months and 88% within 3 months of the decision to operate. Only three facilities (one in California, one in Ohio, and another in North Carolina) reported wait-times for cataract surgery of more than 6 months. The Chief Consultant for Ophthalmology, Dr. James Orcutt, reports that he “will be working with the ophthalmology departments at those facilities to develop a plan to reduce these wait-times.”

AVAO Listserv Finally Open for Business

The AVAO listserv is finally up and running as a forum for questions.

The forum lends itself for sharing of expertise in patient management issues, CPRS problems, technology use/implementation (diabetic screening, visual fields), OR instruments/equipment, IOLs and pricing, larger VA issues.

The forum will be moderated by Ivan J. Suñer, M.D. We have sent out emails to confirm email addresses, but if you want to ensure being involved, confirm by email to:

ijsuner@hotmail.com

AVAO Research in the Spotlight: Nathan Ravi, M.D., Ph.D. and the Holy Grail of Cataract Surgery

The following is an excerpt from a USA Today article summarizing the progress of Nathan Ravi’s research, which is funded by a VA Merit Review Grant.

Gel-like material may one day replace diseased or aging lenses in the human eyes for those people who have cataracts or presbyopia and rid them of their bifocals.

Researchers are developing this new material, which could be injected into the human eye and function like the young and healthy lenses. Their work was described at the 226th national meeting of the American Chemical Society, the world's largest scientific society.

According to Nathan Ravi, Associate Professor of Ophthalmology and Visual Sciences and Affiliate Professor of Chemical Engineering at Washington University, and Director of Ophthalmology at the Veterans Affairs Heartland Hospitals in Midwest, the major contribution of their group is identifying the material composition that mimics the lens properties.

During the surgery, the old lens material will be removed from the lens’ capsular bag, the part in the eye that holds the lens, and the hydrogel will be injected in to perform the functions of the young human lenses.

The normal human lenses, through their flattening or thickening process, help people see both distant and close objects.

By the age of about 45, the lenses in the human eyes harden and increase in volume and that's when presbyopia, or what we call "old vision" in which people experience blurry vision at near objects, forms. Then after the age of 60, the lenses become cloudy and make it harder to see. That's called cataract.

"People's near or close-up vision worsens at the peak of their career and thus it causes great loss in productivity. The National Institutes of Health estimates the delayed diagnosis, management, treatment and such loss to be about \$10 billion per year in the United States," Ravi says.

"Such a technology to use bifocals is hundreds of years old. No other technology around us is that old and we need to replace it with a new technology," says Ravi.

Although the technology to perform cataract surgery is already mature and the surgery can be performed within a few minutes, the plastic substitute cannot change focus automatically and thus patients would still have to wear glasses.

"It sounds like a great idea to have this new technology," says Ann Pearce, 70, from Winchester, Va., who had two cataract surgeries about four years ago.

Robert Maloney, a spokesperson for the American Ophthalmology Academy and director of Maloney Vision, Los Angeles, CA, says the idea of injectable lenses is not new and has been kicking around for 20 years.

"There are two major problems with this technology. One is how do we determine how much to inject into the eyes, and the other is when we make a hole to inject the material, how do we prevent it from leaking out the hole," says Maloney.

After eight years of research, Ravi and his researchers have found ways to tackle the problems. A microscope-mounted auto-refractor will be in place to determine if enough has been injected. Auto-refractor is a commonly used instrument in ophthalmology to determine the prescription of the glasses needed to see clearly.

"And our hydrogel is just like ketchup or 'non-drip' paint. When you push it through a needle, it flows like a liquid. But once it's injected, it stays there like a solid gel and doesn't leak," says Ravi.

Animal tests will be undertaken in March. And Ravi expects this or similar technology to be used as a treatment for humans in five to ten years.

Call for Ideas and Suggestions

We would like to make this newsletter a forum to highlight the major issues impacting the AVAO membership. You may have noticed our new section spotlighting the national impact of research accomplishments of one of our members. We would welcome your ideas for either feature articles or recurring sections.

The AVAO is undergoing a rapid phase of growth in terms of visibility, large role in resident/fellow training, political importance in the national ophthalmology arena, scale of contributions to the VA system in terms of primary vision care, screening for retinopathy, and volume of medical and surgical care.

You are seeing some of this effect as we form various subcommittees and recruit your expertise and help in developing them.

This has also necessitated the development of a more user-friendly, interactive, and rapid means of communication.

As we go forward, we hope the role of our newsletter will be within a seamless continuum between the email listserv (topics of immediate import or concern) and our upcoming website (general information, access to previous issues of our newsletter, resource for job postings/membership directory/upcoming events).

We hope you will take an active role in the growth of this newsletter and our organization. If you did not receive this newsletter via email, please email me (ijsuner@hotmail.com). If you are not a member please send in your dues.

AVAO Officers

President:	Jay Perlman, MD, PhD
President Elect:	Nathan Ravi, MD, PhD
Secretary-Treasurer:	Ivan J. Suñer, MD
AAO Councilor:	Michael Sulewski, MD
Past President:	Mary Lawrence MD, MPH

2004 Dues Invoice

Your 2004 dues in the amount of **\$35** is payable October 1, 2003. Please return this notice with your check/money order (sorry, we do not accept credit cards) for \$35 to:

AVAO
P.O. Box 193940
San Francisco, CA 94119-3940

Membership for:

Name: _____

VA Facility: _____

Address: _____

My contact numbers are:

Office 1: _____

Office 1 FAX: _____

Office 2: _____

Office 2 FAX: _____

Home: _____

E-Mail: _____

Please check here to indicate your willingness to serve on a committee.

If any of the above information changes following submission of this notice, please contact Denise at the San Francisco Administrative Office at the address below or e-mail to avao@aao.org.

Please note the new AVAO FAX number is (415) 561-8531.